

**MULTIPLE DEPENDENT CLAIMS
FEE CALCULATION SHEET
(FOR USE WITH FORM TFO-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

AS FILED		AFTER AMENDMENT		AFTER AMENDMENT		CLAIMS					
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	2										
IND.	2										
DEP.	2										
TOTAL	2										

Best Available Copy